



TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

Application Number	09/808,212
Filing Date	March 13, 2001
First Named Inventor	Michael Graham Gore
Art Unit	1646
Examiner Name	Shanon A. Foley
Attorney Docket No.	100084.414US

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ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	<u>Request for Withdrawal as</u>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<u>Attorney or Agent and Change of</u>
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		<u>Correspondence Address</u>
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		<u>Copy of Transfer Request</u>
		<u>dated 09/25/03</u>

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	William T. Christiansen, Ph.D.	Customer Number 00500
Signature		
Date	October 24, 2003	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	John T. Oliver	
Signature		Date: October 24, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
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BY FAX & AIRMAIL

14 SOUTH SQUARE, GRAY'S INN
LONDON WC1R 5JJTELEPHONE: + 44 20 7405 3292
FACSIMILE: + 44 20 7242 8932
E-MAIL: mail@jakemp.com
WEBSITE: www.jakemp.comMr Bill Christiansen
Seed Intellectual Property Law Group PLLC
701 Fifth Avenue, Suite 6300
Seattle
Washington 98104-7092
USA

25 September 2003

Dear Mr Christiansen

US Patent Application No. 09/808212
National Phase of PCT/GB99/03048
Your Ref: 100084.414US
Our Ref: N.74898C TJD/cmThank you for your letter of 7th August.

We have now decided to transfer this application to the firm of Kalow & Springut LLP in New York. Accordingly, please proceed with transfer of your file to:

Scott D. Locke
Kalow & Springut LLP
488 Madison Avenue, 19th Floor
New York, NY 10022
USA

Tel: 001 212 813 1600

Fax: 001 212 813 9600.

Please also provide them with an associate power of attorney.

Please sent us a final note of charges when the case has been transferred. Thank you for your assistance with this matter.

OXFORD OFFICE · MAGDALEN CENTRE · THE OXFORD SCIENCE PARK · OXFORD OX4 4GA
TELEPHONE: + 44 1865 784760 · FACSIMILE: + 44 1865 784775MUNICH OFFICE · BAYER KARRER · BAYERSTRASSE 83 · D-80335 MÜNCHEN · GERMANY
TELEPHONE: + 49 89 24 22 97 340 · FACSIMILE: + 49 89 24 22 97 350A M SENIOR, MA, EPA, CPA.
S BENTHAM, MA, EPA, CPA.
M L S AYERS, BSC, EPA, CPA.
G C WOODS, MA, EPA, CPA.
T A CRESSWELL, BSC, EPA, CPA.
M A MARSHALL, BSC, EPA, CPA.*
A J WEBB, MA, EPA, CPA.
M J NICHOLLS, MA, EPA, CPA.*
N J K PRICE, BSC, EPA, CPA.*
C M KEEN, MA, EPA, CPA.
DR. J C IRVINE, EPA, CPA.*
J G LEEMING, MA, EPA, CPA.
S L SMITH, MA, EPA, CPA.J E BENSON, BSC, EPA, CPA.
DR. T J DUCKWORTH, EPA, CPA.
S M WRIGHT, BSC, EPA, CPA.*
J H SEXTON, BSC, EPA, CPA.*
G W McCLUSKIE, BSC, EPA, CPA.*
P J H CAMPBELL, MA, EPA, CPA.
C H MERRYWEATHER, BA, EPA, CPA.
S E ROQUES, MA, EPA, CPA.*
DR. A J DUCKETT, EPA, CPA.
A BENTHAM, MA, EPA, CPA.
DR. R B TYSON, EPA, CPA.
R C SRINIVASAN, MA, EPA, CPA.ASSOCIATES :-
DR. S ALI, EPA.
M P ROBERTS, MENG, EPA.
DR. M C CHADWICK, EPA.P G A ELLIS-JONES, MA, EPA, CPA.*
R J BARLOW, BSC, EPA, CPA.K M FITCHETT, LLB.*
C J CROWE, BA.*
J M KEOGH, BENG.*
J A FISH, LLB, LL.M. **DR. M P JACKSON, EPA.
A L SIMONS, MChem, EPA.
DR. P M TURWORTH, EPA.CONSULTANTS :-
DR. R F FAWCETT, EPA, CPA.
D M GOLDIN, BSC, EPA, CPA.* Solicitor *
* European Trade Mark Representative
* Registered Australian Patent & Trade
Mark Attorney

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I would be grateful if you would ensure safe receipt of this fax is acknowledged as requested on the coversheet.

Yours sincerely


T. J. DUCKWORTH



PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/808,212
Filing Date	March 13, 2001
First Named Inventor	Michael Graham Gore
Art Unit	1648
Examiner Name	Shanon A. Foley
Attorney Docket Number	100084.414US

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To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Applicants have requested that responsibility for this case be transferred to Kalow & Springut LLP.
(As noted on attached Transfer Request dated 09/25/03)

CORRESPONDENCE ADDRESS

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Scott D. Locke		
Address	Kalow & Springut LLP		
Address	488 Madison Avenue, 19th Floor		
City	New York	State	NY
Country	United States		
Telephone	(212) 813-1600	Fax	(212) 813-9600
Name	William T. Christiansen, Ph.D.		
Signature		Registration No.	44,614
Date	10/24/03	Telephone No.	(206) 622-4900

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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